## 11050682837

FEC FORM

## STATEMENT OF ORGANIZATION

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FEC MAIL CENTER

FORM 1			FEC MAJ LICENTER				
NAME OF     COMMITTEE (in	ı full)		neck if name changed)		mple:If typing, type r the lines.	12FE4M	
Sanchez fo	pr Con	gress	<del></del>				
		<u> </u>	<del></del>				
ADDRESS (number a	nd street)	PO B	ox 2711	66			
(Check if address is changed)		Flowe	er Moun	d		TX	75027 - 1166
				CITY	•	STATE	ZIP CODE
COMMITTEE'S E-MA	AL ADDRES	S (Please pr	ovide only one	e-mail ac	dress)		
(Check if address is changed)		<b>Isancl</b>	hezforc	ongre	ess@gmail.c	om ,	
			11111			<del></del>	
COMMITTEE'S WEB	PAGE ADD	RESS (URL	.)				
		www.	sanche.	zforc	ongress.org	<u> </u> 	
(Check if is change		لسا			11111		
2. DATE 10	)" ′ <sub>.</sub> 17	°′ 20'	11 '				
3. FEC IDENTIFIC	CATION NU	MBER	С	7 . 12 ·			
4. IS THIS STATE	MENT 🔀	NEW (N	i) OR		AMENDED (A)		
I certify that I have a	examined the	is Statement	and to the be	st of my	knowledge and belief it	is true, corre	ct and complete.
Type or Print Name	of Treasurer	Mac	helle As	hbau	ıgh		
Signature of Treasure	er	Mache	ue Xs	hbau	eg h	Date 10	0" ′ 24° ′ 2011 ĭ
NOTE: Submission of			-		oject the personiasigning to		to the penalties of 2 U.S.C. §437g.
Office Use					For further information of Federal Election Commission Toll Free 800-424-9530		FEC FORM 1

FEC F	orm 1 (Revised 02/2009)	Page 2
TYPE OF	COMMITTEE	
Candidat	e Committee:	
(a) X	This committee is a principal campaign committee. (Complete the candidate information below	<i>i</i> .)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Co information below.)	mplete the candidate
Name of Candidate		
Candidate Party Affilia	tion DEM Office Sought: House Senate President	State TX District 26
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	David Sanchez	
Party Co	mmittee:	
(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is a:
	Corporation Wo Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
<b>(f)</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	segregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is e Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which ie an authorized committee of a federal eardidate	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Con	emitteen Bestigingting in Joint Fundrainer	
Cor	nmittees Participating in Joint Fundraiser	
1.	FEC ID number C	
2.	FEC ID number C	· · · · · · · · · · · · · · · · · · ·
3.	FEC ID number C	
4.	FEC ID number C	

Treasurer

FEC Form 1 (Revised 02/2009) Page 3 Write or Type Committee Name Sanchez for Congress Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor Mailing Address ZIP CODE CITY STATE Affiliated Committee Joint Fundraising Representative Relationship: **Connected Organization** Leadership PAC Sponsor 7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records. Machelle Ashbaugh Full Name 13 Longfellow Dr Mailing Address Highland Village <sub>1</sub>75077 Title or Position CITY STATE ZIP CODE Treasurer |817<sub>| |-|</sub>403<sub>|</sub> Telephone number Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). **Full Name** <sub>ı</sub>Machelle Aşhbaugh of Treasurer **Mailing Address** ighland Village CITY ZIP CODE Title or Position

|817, |-|403, |-|1002

Telephone number

FEC Form 1 (Rev	rised 02/2009)		Page 4
Full Name of			
Full Name of Designated Agent Sar	ndra Lynn Nunez		
Mailing Address	3209 Lance Ln		<del></del>
	Denton	LTXI LTX	76209
	CITY	STATE	ZIP CODE
Title or Position Assistant Treasu	urer, , , , , , , , , , , , , , , , , , ,	Telephone number 94	0, ]-[300, ]-[6481 ,
Banks or Other Depositions safety deposit boxes or respectively.	tories: List all banks or other depositories maintains funds.	s in which the committee deposits	funds, holds accounts, rents
Name of Bank, Deposito	ry, etc.		
[DA]	CU Credit Union		
Mailing Address	[PO Box 827]		111111
	[Denton]		76202   -
	CITY	STATE	ZIP CODE
Name of Bank, Deposito	ry, etc.		And the state of t
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	1	<u> </u>	
Mailing Address			
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## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to	indicate how it was received.
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Postmark Illegible	
No Postmark	
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Nex	t Business Day Delivery
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Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
Smp	10/28/11
PREPARER	DATE PREPARED

(3/2005)